



Certified Translation Request Form

DATE/TIME: _____

All fields herein are compulsory unless stated otherwise.

Please fill in your Personal Information			
Name:			
Company Name (If Any):		NRIC/Passport/FIN No.:	
Home Telephone:		Mobile No.:	
Other Number (If any):		Fax (If any):	
Residential Address:	Singapore ()		
Primary Email:	(We will revert the translated document to this email address)		

Please Review Your Order			
Language Pair:	Translate From:		Translate To:
No. of Pages: (Please count the back as well if there is content.)		Type of Document & the Legal Purpose:	
Due Date:	(The date you need the Translated Document)		
Remarks:			

Terms & Conditions:

- 1) CASH or Credit Card Payment Only
- 2) Cancellation of signed order after 2 days of confirmation will be subjected to an administrative charge of \$200.00.
- 3) Courier charges apply for delivery of document. Payment must be made via credit card or cash before delivery.

Please Sign and Kindly Fax to us this form together with the document you need translated to @ +65 6565 9340 or alternatively you can email it to kathv@elitetranslations.asia , Thank You!	
Name:	Authorised Signature & Date: (with company stamp, if applicable.)

For Office Use Only			
Sales Rep Code:		Source Document Collected via Mail/Self on Date:	
Payable Amount:		Transaction Code/Cheque No./Receipt No.	
Document No.:		Certificate No.:	